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1. NAME OF COMMITTEE (in full)	FEC FORM 1		STATE ORG <i>A</i>					0	ffice Use C	nly		
ADDRESS (number and street)    Suite 4300		n full)				ng, type	12FE	4M5				
ADDRESS (number and street)  Check if address is changed)  Suite 4300  Seattle  CITY  STATE  ZIP CODE  COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) alcox@comerica.com  Check if address is changed)  COMMITTEE'S WEB PAGE ADDRESS (URL)	Plum Cree	k Timb	er Compa	any, In	c. Good	Govt F	und					
ADDRESS (number and street)  Check if address is changed)  Suite 4300  Seattle  CITY  STATE  ZIP CODE  COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) alcox@comerica.com  Check if address is changed)  COMMITTEE'S WEB PAGE ADDRESS (URL)												
CITY STATE ZIP CODE  COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  alcox@comerica.com  (Check if address is changed)  COMMITTEE'S WEB PAGE ADDRESS (URL)	ADDRESS (number a	nd street)	999 Third Avenue									
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)    X (Check if address is changed)							WA	98	104	<u></u>		
(Check if address is changed)  COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address				CIT	ΓΥ		STATE		ZIP	CODE		
(Check if address	(Check if	address		-	ail address)							
	COMMITTEE'S WEB	PAGE ADD	RESS (URL)									
2. DATE 10 11 2011												
3. FEC IDENTIFICATION NUMBER C C00255224	3. FEC IDENTIFIC	CATION NUI	MBER	C C002	255224							
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)	4. IS THIS STATE	MENT _	NEW (N)	OR	× AMEN	DED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	I certify that I have e	examined this	s Statement and to	the best of	my knowledge a	and belief it	is true, c	correct and	d complet	e.		
Type or Print Name of Treasurer Robert J. Jirsa	Type or Print Name	of Treasurer	Robert J. Jirsa									
Signature of Treasurer  **Robert J. Jirsa*  [Electronically Filed] Date  **Date**    Date**   Date**	Signature of Treasure	<i>Robert J.</i> er	Jirsa		[Electronica	ully Filed]	Date	10		/ Y		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	NOTE: Submission of								penalties	of 2 U.	.S.C. §	437g.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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